

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) New Power PAC		FEC IDENTIFICATION NUMBER ▼ C C00489252	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Allegra Print & Imaging		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 12 / 2016	
Mailing Address 198 Moore Drive		Amount 12464.68	
City Lexington	State KY	Zip Code 40503	Transaction ID : SE.4906
Purpose of Expenditure postcard mailing (printing, postage)	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016	
Name of Federal Candidate SELLUS WILDER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought 26799.46		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Kentuckians For The Commonwealth		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 12 / 2016	
Mailing Address PO Box 1450		Amount 50.00	
City London	State KY	Zip Code 40743	Transaction ID : SE.4900
Purpose of Expenditure in kind in house printing of postcards	Category/ Type 005	Date of Disbursement or Obligation MM / DD / YYYY 05 / 12 / 2016	
Name of Federal Candidate SELLUS WILDER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY	
Calendar Year-To-Date Per Election for Office Sought 10278.08		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12514.68
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms Heather Roe Mahoney

[Electronically Filed]

Date

MM / DD / YYYY
05 / 12 / 2016

Signature